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|--|--|--------------------------|--|--------------------------|--|
| SE | | 7002 2410 0000 2398 9171 | | THIS SECTION ON DELIVERY | |
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | | | | |
| <p>1. Article Addressed to:</p> <p>Thomas DiBiagio U.S. Attorney 625 U.S. Courthouse 101 W. Lombard ST Baltimore, Md. 21201</p> | | | | | |
| <p>2. Article Number (Transfer from service label) 7002 2410 0000 2398 9171</p> <p>PS Form 3811, August 2001 Domestic Return Receipt 102295-02-M-1540</p> | | | | | |
| <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | | | | | |
| <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | |
| <p>A. Signature <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery 4/18/03</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> | | | | | |